

09/868944

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE         |
|---------------------------|----------|--------|--------------|
| FEE DETERMINATION         |          |        |              |
| O.I.P.E. CLASSIFIER       |          |        |              |
| FORMALITY REVIEW          |          |        |              |
| RESPONSE FORMALITY REVIEW | C.S.W.   |        | 19 Nov. 2001 |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 -+ ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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